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Attn: Examiner Fikremariam A. Yalew

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FROM:

George H. Gates SVL920050505US2 **OUR REF.:**

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(310) 642-4146

NE:

Total pages, including cover letter: 19

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Title of Document Transmitted:	TRANSMITTAL SHEETS (2), AMENDMENT UNDER 37 C.F.R. §1.111
Applicant:	Jeffrey J. Jonas et al.
Serial No.:	10/807,826
Filed:	March 24, 2004
Group Art Unit:	2136
Title:	SECURE COORDINATE IDENTIFICATION METHOD, SYSTEM AND PROGRAM
Our Ref. No.:	SVL920050505US2

Please charge all fees to Deposit Account No. 09-0460 of IBM Corporation, the assignee of the present application.

Reg. No.: 33,500

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G&C 30571.303-US-U1

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Confirmation No.: 4343 Due Date: August 7, 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jeffrey J. Jonas et al.

Examiner:

Fikremariam A. Yalew

Serial No.:

10/807,826

Group Art Unit:

2136

Senai No.: Filed:

March 24, 2004

Docket:

SVL920050505US2

Title:

SECURE COORDINATE IDENTIFICATION METHOD, SYSTEM AND PROGRAM

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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on August 7, 2008,

By: Name: Katie Yuzgulia

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Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.

Amendment under 37 C.F.R. \$1.111.

CLAIMS PRESENT

Highest Number Previously Paid For:	Number		Rate	1	Fee
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				_	
30	Ö	x	\$50.00	_=	\$0.00
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MULTIPLE DEPENDENT CLAIM FEE					
					\$0.00
	30	30 0	30 0 x	30 0 x \$50.00 2 0 x \$210.00	30 0 x \$50.00 =

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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Customer Number 45729

GATES & COOPER LLP

Howard Hughes Center 6701 Center Drive West, Suite 1050 Los Angeles, CA 90045 (310) 641-8797 Name: George H. Gates

Reg. No.: 33,500

GHG/kay

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Claims Remaining:	Highest Number Previously Paid For:	Number Extra		Rate	Fee	
Total Claims			_	<u> </u>		
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Independent Claims			↓			
2	2	0	x	\$210.00		0.00
MULTIPLE DEPENDENT CLAIM FEE						
TOTAL FILING FEE	I III I III				\$0	00.0

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Deat Sir:

In response to the Office Action dated May 7, 2008, please amend the above-identified application as follows.